

Conflict of Interest

ELECTED OFFICIAL Statement of Financial Interest

RECEIVED

SEP 0 5 2023



Deadline to file: Within 15 days after the person assumes office.

File with: The SECRETARY OF STATE except local candidates file with the office where they file their oath of office.

<u>Elected Officials who file:</u> State Office elected officials (governor, lieutenant governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands, state legislator, circuit court judge and supreme court justice <u>SDCL 3-1A-2</u>);

Gubernatorial Appointee for whom senate confirmation is required shall file with the secretary of state a statement of financial interest before confirmation SDCL 3-1A-3.

Local Office officials (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality SDCL 3-1A-4)

Please print: Full Name WARK	Morrieu	
Complete Address 409 E Mendowlark Cir Brandon 50 57005		
	if applicable) Adjutant General	Dowl
	fession? Citizen- warrior	
**If there are no changes from your previously filed CANDIDATE Financial Interest Statement check the box and		
sign and date below. NO Changes		
to your family's (includes sp includes any enterprise in what Identify who receives the inc	siness or economic relationship) which contribu- couse, minor children living at home) gross incomich you or an immediate family member(s) concome from each enterprise but do not include the collect specific information, not generalities, it	ome in the preceding calendar year. This also ntrols more than 10% of the capital or stock. ne value. (SDCL 3-1A-1)
Name of Candidate or Family Member	Name the Source of Funds (Ex: current employer, SD Legislature, 401K, benefits, etc.)	Relationship to funds (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
Mark Morrele	United Avilines	comployee
JESSELA MORRELL	AVERA MG, Rabant Health	employee, owner
I declare and affirm under the my knowledge and belief is a interests for the preceding ca (Signature)	e penalties of perjury that the information above true, correct and complete representation of malendar year. 25 (Date)	e has been examined by me and to the best of yself and my immediate family's financial